

FRM15 DIRECTIONS

PAY PERIOD	PAYROLL PERIOD REFLECTED ON WARRANT.
EMPLOYEE NAME	NAME OF EMPLOYEE FOR WHICH REIMBURSEMENT IS REQUESTED.
FULL/PART TIME	INDICATE IF POSITION IS FULL/PART- TIME AND LIST ON THE APPROPRAITE FORM
POSITION TITLE	SELF EXPLANATORY.
HRS/DAYS WORKED EM	TIME SPENT WORKING EMERGENCY MANAGEMENT(MUST BE SUPPORTED BY TIME SHEETS KEPT ON FILE BY COUNTY).
GROSS EARNINGS	GROSS SALARY OF EMPLOYEE.
SOCIAL SECURITY	AMOUNT OF SOCIAL SECURITY PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
RETIREMENT	AMOUNT OF RETIREMENT BENEFIT PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
INSURANCE	AMOUNT OF INSURANCE BENEFIT PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
UNEMPLOYMENT COMPENSATION	AMOUNT OF UNEMPLOYMENT COMPENSATION PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
WORKERS COMP	AMOUNT OF WORKERS COMPENSATION PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
TOTAL BENEFITS	ADD COLUMNS SOCIAL SECURITY THROUGH OTHER FOR TOTAL BENEFITS PAID BY COUNTY.
TOTAL PERSONNEL	ADD SALARY PAID BY COUNTY + SAL ADJ/OT + TOTAL BENEFITS.
TOTALS	SUM EACH COLUMN.
FED SHARE	CALCULATE 50% OF TOTAL FOR EACH COLUMN.
BENEFIT RATES	ENTER THE RATE USED TO CALCULATE BENEFITS PAID BY THE COUNTY.
SALARY GROSS	ENTER THE SALARY GROSS USED TO CALCULATE THE BENEFITS PAID BY THE COUNTY.
COMMENTS	ANY COMMENTS NECESSARY TO CLARIFY INFORMATION.